

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name **AMERICAN FUTURE FUND**(b) Address (number and street) ☐ check if different than previously reported
4225 FLEUR DRIVE #142(c) City, State and ZIP Code
DES MOINES IA 50321

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30001028**3. Is This Statement**☒ **New**

or

☐ **Amended****4. Covering Period**MM / DD / YYYY
09 / 27 / 2012

through

MM / DD / YYYY
10 / 03 / 2012**5. (a) Date of Public Distribution(s)** MM / DD / YYYY
10 / 03 / 2012 **(b) Communication Title** Little**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Sandy Greiner

(b) Address (number and street)

4225 Fleur Drive #142

(c) City, State and ZIP Code

Des Moines

IA 50321

(d) Name of Employer or Principal Place of Business

Self-employed

(e) Occupation

Farmer

9. Total Donations This Statement

, , .00

10. Total Disbursements/Obligations This Statement

, , 400000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Peter Christopher Winkelman**SIGNATURE** Peter Christopher Winkelman**[Electronically Filed] DATE** 10/04/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
 (use additional pages as necessary)

PAGE 2 OF 3

11. Person(s) Sharing/Exercising Control
A. (a) Name **Transaction ID : F91.000001**

Sandy Greiner

(b) Address (number and street) 4225 Fleur Drive #142

(c) City, State and ZIP Code

Des Moines

IA 50321

(d) Name of Employer or Principal Place of Business

Self-employed

(e) Occupation

Farmer

B. (a) Name **Transaction ID : F91.000002**

Barbara Smeltzer

(b) Address (number and street) 4225 Fleur Drive #142

(c) City, State and ZIP Code

Des Moines

IA 50321

(d) Name of Employer or Principal Place of Business

University of Dubuque

(e) Occupation

Student Advisor

C. (a) Name **Transaction ID : F91.000003**

Allison Kleis

(b) Address (number and street) 4225 Fleur Drive #142

(c) City, State and ZIP Code

Des Moines

IA 50321

(d) Name of Employer or Principal Place of Business

Self-employed

(e) Occupation

Consultant

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

SCHEDULE 9-B

PAGE 3 OF 3

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee MH Media, LLC				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2012 </div>	
Mailing Address of Payee 7801 Norfolk Avenue Suite T3				Amount <div style="border: 1px solid black; padding: 2px;"> 400000.00 </div>	
City Bethesda		State MD		Zip Code 20814	
Name of Employer		Occupation		Communication Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2012 </div>	
Purpose of Disbursement (Including title(s) of communication(s)) TV ad production & placement: "Little"				Transaction ID : F93.000001	
Name of Federal Candidate Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
Transaction ID : F94.000002					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

B. Full Name (Last, First, Middle Initial) of Payee				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address of Payee				Amount <div style="border: 1px solid black; padding: 2px;"> </div>	
City		State		Zip Code	
Name of Employer		Occupation		Communication Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

SUBTOTAL of Disbursements/Obligations This Page (optional) ►		<div style="border: 1px solid black; padding: 2px;"> 400000.00 </div>
TOTAL This Period (last page this line number only) ► (carry total from last page to Line 10)		<div style="border: 1px solid black; padding: 2px;"> 400000.00 </div>